

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	CRYSTALS OF THE TYROSINE KINASE DOMAIN OF NON-INSULIN RECEPTOR TYROSINE KINASES
Attorney Docket Number::	034536-1149
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Iran
Status::	Full Capacity
Given Name::	Moosa
Family Name::	MOHAMMADI

**City of Residence::** New York  
**State or Province of** NY  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 564 First Avenue, #12F  
**City of mailing address::** New York  
**State or Province of mailing** NY  
**address::**  
**Postal or Zip Code of mailing** 10016  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Israel  
**Status::** Full Capacity  
**Given Name::** Joseph  
**Family Name::** SCHLESSINGER  
**City of Residence::** New York  
**State or Province of** NY  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 37 Washington Square West  
**City of mailing address::** New York  
**State or Province of mailing** NY  
**address::**  
**Postal or Zip Code of mailing** 10011  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Stevan

**Family Name::** HUBBARD  
**City of Residence::** Riverdale  
**State or Province of** NY  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 5465 Sylvan Avenue  
**City of mailing address::** Riverdale  
**State or Province of mailing** NY  
**address::**  
**Postal or Zip Code of mailing** 10471  
**address::**

#### Correspondence Information

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### Representative Information

<b>Representative Customer Number::</b>	30543	
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#### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Division of	09/664,526	09/18/2000
09/664,526	Continuation of	09/188,809	11/09/1998
09/188,809	Continuation of	08/701,191	08/21/1996

#### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee name::** SUGEN, INC. and NEW YORK UNIVERSITY